Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			12		(Column 2)					OR I I		
			•				H	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			6 minus 3 =		* 7			X42=	126	OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	L	TOTAL	601	OR	TOTAL	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AINA	=		X42=		OR	X84=	
	I INST PRESE	INTATION OF MI	OLITE DE	- CINDEIN	CLAIN			+140=		OR	+280=	
							L	TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	Α[ODIT. FEE		J	ADDIT. FEE	
AMENDMENT B	Control of Spanish	CLAIMS		HIGH	IEST			1	ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVI PAID		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NDW	Total	*.	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞			Un		
								+140=		OR	+280=	
								TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		3		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=	·		V04-	
lacksquare	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT		CLAIM			A4Z=		OR	X84=	
<u>.</u>	If the option is as to	mn 1 in less the - t	ha anto-i!		- "0" :	2		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		ımber Previously F nber Previously Pa							ronriate bo			